

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90172 023 \*\*\*158.75

**DOCUMENT # P93000009011**

1. Entity Name

**DENNIS WIEDMANN ROOFING, INC.**

Principal Place of Business

**4125 PINE TREE PLACE  
 COCOA FL 32926**

Mailing Address

**4125 PINE TREE PLACE  
 COCOA FL 32926**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**4961 Mango Ave.**

Suite, Apt. #, etc.

**4961 Mango Ave.**

City & State

**Cocoa, FL.**

City & State

**Cocoa, FL.**

Zip

**32926**

Country

Zip

**32926**

Country

4. FEI Number

**59-3167455**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIEDMANN, DENNIS**

**4125 PINE TREE PLACE  
 COCOA FL 32926**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4961 Mango Ave.**

City

**Cocoa**

FL

Zip Code

**32926**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Dennis Wiedmann*

**4-21-2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                             |                                            |
|------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WIEDMANN, DENNIS</b><br><b>4125 PINE TREE PLACE</b><br><b>COCOA FL 32926</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>WIEDMANN, K</b><br><b>4961 MANGO AVE</b><br><b>COCOA FL 32926</b>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>ARMET, L</b><br><b>1510 HARVARD DR</b><br><b>COCOA FL 32922</b>              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Delete            |

|                                                |                                                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4961 Mango Ave.</b><br><b>Cocoa, FL. 32926</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis Wiedmann* **Dennis M. Wiedmann**

**4-21-2001**

**321-636-3197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)